

FORM D

03027704

1256017

SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL

FORM D

Washington, D.C. 20549

UNITED STATE

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

UNIFORM LIMITED OFFERING EXEN	APTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Lots 1A, 17A, KCBP, LLLP	
Filing Under (Check box(es) that apply): K Rule 504 Rule 505 Rule 506 Section 4(e) Type of Filing: New Filing Amendment	6) ULOE
A. BASIC IDENTIFICATION DATA	1000
1. Enter the information requested about the issuer	2 JUL 2 2 2000 //
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Lots 1A, 17A, KCBP, LLLP	181/4
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5394 Marshall Street, #400, Arvada, @ 80002 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	303-420-5656 Telephone Number (Including Area Code)
Brief Description of Business Acquire and develop real property	PROCESS JUL 23 20 THOMSO
business trust	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 7d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
There To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
opies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually notocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
oformation Required: A new filing must contain all information requested. Amendments need only report ereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
ling Fee: There is no federal filing fee.	,
tate: In this notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sating that have adopted this form. Issuers relying on ULOE must file a separate notice with the Set to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. It is notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

	n requested for the	following:			
			within the past five years	;;	
•	•	-	•		of a class of equity securities of the
					of partnership issuers; and
		of partnership issuers.		5 5.	, , , , , , , , , , , , , , , , , , , ,
					
A.O. Lots 1A,	17A, KCBP,	Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
ull Name (Last name firs	t, if individual)				
5394 Marshall	Street, Su	ite 400, Arvada	, co 80002		
Business or Residence Add	dress . (Number an	d Street, City, State, Zip C	Jode)		
Check Box(es) that Apply: Allan R. Ojala		X Beneficial Owner	Executive Office	r Director	General and/or Managing Partner
uil Name (Last name first	, if individual)				
5394 Marshall	Street, Sui	ite 400, Arvada	, co 80002		
		d Street, City, State, Zip C			
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
					Widnaging Lattici
ull Name (Last name first,	, if individual)				
usiness or Residence Add	ress (Number and	Street, City, State, Zip C			
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heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ıll Name (Last name first,	if individual)				
usiness or Residence Addr	ress (Number and	Street, City, State, Zip Co	ode)		
					
neck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ll Name (Last name first,	if individual)				
siness or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
		DanaSalal Owner	Frantius Office	Disassins.	Connect
ani Day(an) (1 41		Beneficial Owner	Executive Officer	Director	General and/or
eck Box(es) that Apply:	Promoter				Managing Partner
					Managing Partner
					Managing Partner
II Name (Last name first,	if individual)	Street City State 7 in Co.	16)		Managing Partner
II Name (Last name first,	if individual)	Street, City, State, Zip Cod	ie)		Managing Partner
leck Box(es) that Apply: Il Name (Last name first, siness or Residence Addre	if individual)	Street, City, State, Zip Coo	de) Executive Officer	Director	Managing Partner General and/or Managing Partner
II Name (Last name first, siness or Residence Addre	if individual) ess (Number and Promoter			☐ Director	General and/or
Il Name (Last name first, siness or Residence Addre	if individual) ess (Number and Promoter			Director	General and/or
II Name (Last name first, siness or Residence Addre	if individual) ess (Number and Promoter if individual)		Executive Officer	Director	General and/or

	100	4.14 × 4		<u>1 </u>	В.	INFORMA	TION ABO	OUT OFFE	RING	<u></u>			
1	Hasthe	issuer so	ld or does	the iccuer	intend to	cell to non	-accredited	invectors	in this off	ering?		Yes	No
1.	1145 (114	. 133401 30	ia, or acco			in Append						🔼	
What is the minimum investment that will be accepted from any individual?								ç1.	000				
												Vac	No
3.											************	X	
4.	commis If a pers or states	sion or sir son to be li s, list the n	nilar remur sted is an a ame of the	neration for associated p broker or (rsolicitatio person or a dealer. If n	on of purcha gent of a bro	sers in con oker or dea ve (5) pers	nection wi ler register ons to be li	th sales of s ed with the sted are as:	securities in SEC and/	ndirectly, and the offering or with a state of such as the constant of such as	ig.	
	Name ()	Last name	first, if in	dividual)									
		Residence	Address (Number ar	nd Street, (City, State,	Zip Code)						
			·										
Nan	ne of Ass	ociated B	roker or D	ealer									
State	es in Wh	ich Person	n Listed Ha	as Solicited	d or Intend	s to Solicit	Purchaser	s					
	(Check '	'All State	s" or check	k individua	.l Ștates)				•••••			. 🗀 A	Il States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	N	NM	NY	NC)	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (L	ast name	first, if ind	lividual)						··································			
Busi	ness or I	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
					, 								
Nam	e of Asso	ciated Br	oker or De	aler									
State	s in Whi	ch Person	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
((Check ".	All States	" or check	individual	States)	•••••							•
												All	States
ī	AT.	AK	(A7)	AR	ICA								
	AL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME				GA MN	HI MS	[D]
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	IL	IN	IA	KS	KY	CO	CT ME	DE MD	DC MA	FL	GA MN	HI MS	ID MO
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Eull 1 Busin	IL MT RI Name (La ness or R	IN NE SC st name f	IA NV SD irst, if indi Address (N	KS NH TN ividual)	KY NJ TX i Street, Ci	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
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Busin Hame	IL MT RI RI Name (La ess or R of Association White Check "A	IN NE SC st name f esidence ciated Brown h Person	IA NV SD irst, if indi Address (N ker or Dez	KS NH TN vidual)	KY NJ TX i Street, Co	CO LA NM UT ity, State, Z	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI GA MN	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggre Offering			mount Aiready Sold
		_			2010
	Debt				
	Equity	. \$		\$	
	Common Preferred				
	Convertible Securities (including warrants)				
	Partnership Interests	\$669,0	00	_ \$_6	69,000
	Other (Specify)				
	Total	_S 669,0	00	_ <u>s_6</u>	69,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:			
		Numbe	:r	D	Aggregate ollar Amount
		Investo			of Purchases
	Accredited Investors			·	32,000
	Non-accredited Investors				37,000
	Total (for filings under Rule 504 only)	14		_{\$_6}	69,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type o Security		Do	ollar Amount Sold
	Rule 505			\$	0-1-
	Regulation A			\$	0
	Rule 504			\$	0
	Total			ς	0
A	a. Furnish a statement of all expenses in connection with the issuance and distribution of the			Ψ	
-T	securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•		
	Transfer Agent's Fees	**********		\$	
	Printing and Engraving Costs	•••••		\$	
	Legal Fees			\$	
	Accounting Fees			\$	·
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	
	Other Expenses (identify)			\$	
	Totał			\$	0*

*All expenses are paid separately by general partner

total expenses furnished in response to Part eeds to the issuer."	offering price given in response to Part C — Question C — Question 4.a. This difference is the "adjusted grass proceed to the issuer used or proposed to be used or any purpose is not known, furnish an estimate at all of the payments listed must equal the adjusted graph Part C — Question 4.b above.	for and oss Payments to Officers, Directors, & Affiliates	Others
of the purposes shown. If the amount for the box to the left of the estimate. The to eeds to the issuer set forth in response to ries and fees	or any purpose is not known, furnish an estimate a tal of the payments listed must equal the adjusted gr Part C — Question 4.b above.	Payments to Officers, Directors, & Affiliates	Others
hase of real estatehase of real estate of real or leasing and installation of		Officers, Directors, & Affiliates	Others
hase of real estatehase of real estate of real or leasing and installation of		Directors, & Affiliates	Others
hase of real estatehase of real estate of real or leasing and installation of		Affiliates	Others
hase of real estatehase of real estate of real or leasing and installation of			
hase of real estatehase of real estate of real or leasing and installation of			_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
hase, rental or leasing and installation of		[7] \$	
	machinery		
truction or leasing of plant buildings and	facilities	🔲 \$	\$
isition of other businesses (including the	value of securities involved in this		
ing that may be used in exchange for the	assets or securities of another	[s	П \$
			_
(350011))		- [] *	. 🔲 *
			□.\$
		_	
nn Totals		[\$	数 <u>\$ 669,000</u>
Payments Listed (column totals added)		<u>₹</u> \$ <u>66</u>	59,000
	D. FEDERAL SIGNATURE		
			request of its staf
nt or Type)	Signature	Date	
A, 17A, KCBP, LLLP	/s/ Allan R. Ojala	7/10/03	
me trae tour and the	, , . ,	1/10/03	
igner (Print or Type)	Title of Signer (Print or Type)	1 // 10/03	
	ing that may be used in exchange for the pursuant to a merger)	mn Totals Payments Listed (column totals added) D. FEDERAL SIGNATURE has duly caused this notice to be signed by the undersigned duly authorized person. If this notice constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Communication furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ing that may be used in exchange for the assets or securities of another pursuant to a merger) \$ syment of indebtedness \$ sking capital \$ r (specify): \$ Payments Listed (column totals added) \$ D. FEDERAL SIGNATURE has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon writter lation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

÷	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Lots 1A, 17A, KCBP, LLLP	/s/ Allan R. Ojala	7/10/03	
Name (Print or Type)	Title (Print or Type)		_
Allan R. Ojala	Officer of General Partr	er of Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No State Yes Investors Amount Investors Amount Yes No ΑL ΑK ΑZ AR CA CO Χ 332,000 10 337,000 X_ CTDE DC FL GA НІ ID IL IN IA KS ΚY LA ΜE MD MA MI MN MS